

2006-2007 Catalog

( ) Work in Progress

( ) Transfer

GRADUATION REQUIREMENTS FOR ASSOCIATE IN SCIENCE DEGREE  
(Nursing Major)

Name \_\_\_\_\_

Date \_\_\_\_\_

<u>REQUIREMENTS</u>	<u>Hours</u>	<u>Has</u>	<u>Needs</u>
<u>Freshman</u>			
English 1113 – Comp I	3	_____	_____
English 1123 – Comp II	3	_____	_____
Biological Science 2063/2061 – Anat. & Phys I	4	_____/____	_____/____
Biological Science 2073/2071 – Anat. & Phys II	4	_____	_____
Psychology 2003 – General Psychology	3	_____	_____
Chemistry 1013/1011- College Chemistry/Lab	4	_____	_____
Nursing 1216 -Care of the Non-Acute Individual	6	_____	_____
Nursing 1206 Women's Health	6	_____	_____
Nursing 1001- Clinical Calculations	1	_____	_____
Math 1023 – College Algebra	<u>3</u>	_____	_____
	37		

Sophomore

Sociology 3033 – Marriage and the Family or 3013 – Social Problems or 4073 - Social Gerontology	3	_____	_____
Psychology 3223 – Developmental Psychology	3	_____	_____
<b>Nursing 1416 – Nursing Transition (LPNs only)</b>	<b>(6)</b>	_____	_____
<b>Advanced placement credit for Nursing Levels I &amp; II upon successful completion of transition course.</b>			
Biology 2003- Nutrition	3	_____	_____
Biological Science 3032/3022 – Microbiology	4	_____	_____
Nursing 2016 – Medical/Surgical I	6	_____	_____
Nursing 2206 – Medical/Surgical II	6	_____	_____
Nursing 2223 – Care of the Individual's Mental Health	3	_____	_____
Nursing 2143 – Care of the Child	3	_____	_____
Nursing 2401- Pharmacology I	1	_____	_____
Nursing 2411 –Pharmacology II	<u>1</u>	_____	_____
	33 hrs		

TOTAL NURSING HOURS: 33  
TOTAL GENERAL EDUCATION HRS: 37  
TOTAL HOURS REQUIRED: 70

Cumulative GPA: 2.00

**NO HOURS OF D GRADES WILL BE ACCEPTED TOWARD GRADUATION OF THE 70 HOURS REQUIRED TOWARD GRADUATION.**

MINIMUM OF 30 HOURS IN RESIDENCE REQUIRED. TWENTY-FOUR OF THE LAST 30 HOURS TAKEN FOR DEGREE MUST BE ON MAGNOLIA CAMPUS.

ALL CORRESPONDENCE COURSES AND TRANSFER CREDIT MUST BE ON FILE IN THE REGISTRAR'S OFFICE AT THE END OF THE SEMESTER PRIOR TO THE SEMESTER THE STUDENT EXPECTS TO GRADUATE.

ANY ERRORS NOTED ON THIS EVALUATION MUST BE REPORTED IMMEDIATELY TO THE REGISTRAR'S OFFICE.

THIS DEGREE PLAN EXPIRES \_\_\_\_\_.

Signature of Student: \_\_\_\_\_

Signature of Advisor: \_\_\_\_\_

Signature of Chairperson: \_\_\_\_\_

CAAP TAKEN: YES  NO

Signature of Dean: \_\_\_\_\_

Date Taken: \_\_\_\_\_